

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90090 024 ***150.00

DOCUMENT # P06295

1. Entity Name
CARROLL'S INC.



Principal Place of Business
4281 OLD DIXIE HIGHWAY
HAPEVILLE GA 30354

Mailing Address
4281 OLD DIXIE HIGHWAY
HAPEVILLE GA 30354

90004877



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-0867357**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BAKER, W.J. II**
STREET ADDRESS **4281 OLD DIXIE HIGHWAY**
CITY-ST-ZIP **HAPEVILLE GA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **DAY, LAWRENCE C**
STREET ADDRESS **4770 HICKORY HILL ROAD**
CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VT** ☐ Delete
NAME **GARVEY, THOMAS W**
STREET ADDRESS **4770 HICKORY HILL ROAD**
CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **COLEY, LARRY D**
STREET ADDRESS **4770 HICKORY HILL ROAD**
CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **SWARTZ NEWHARDT, SHARON**
STREET ADDRESS **4770 HICKORY HILL ROAD**
CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **POTTS, WILLIAM M**
STREET ADDRESS **4770 HICKORY HILL ROAD**
CITY-ST-ZIP **MEMPHIS TN 38141**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
W.J. BAKER II

Date

Daytime Phone #

1-8-03 404 363 2800

CR2E034 (10/02)